

FILED OCT 4 1948

Registration District No. 39487

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME ANTONIA SEDIVEC

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William J. Sedivec 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 15-1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 19 hr. min.

9. Birthplace Czechoslovakia /  
(City, town, or county; (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Konvicka 6  
13. Birthplace Czechoslovakia 6  
(City, town, or county; (State or foreign country)  
14. Maiden name Mary Uzeti  
15. Birthplace Czechoslovakia 6  
(City, town, or county; (State or foreign country)

16. (a) Informant Camille Steutermann  
(b) Address 2720 Allen Avenue

17. (a) Cremation (b) Date thereof 9-7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director W. J. Sedivec  
(b) Address 1926 Allen Avenue

19. (a) 9-7-48 (b) Bevilacqua  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2720 Allen Avenue 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4  
year 1948 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 1  
1948 to Sept 4 1948  
that I last saw him alive on Sept 3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis  
Senil arteriosclerosis

Due to \_\_\_\_\_  
Due to 930

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature Bevilacqua (M. D. or other) MD  
Address Creve Coeur, Mo. Date signed 9-4-48

AUG 23 1956

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Me ....., Registered Apprentice No.....  
working under my personal supervision.

Signed Benny C. Duncan  
.....  
..... Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**